

# MONTGOMERY COUNTY DEPARTMENT OF FIRE AND RESCUE SERVICES

## OPERATION EXTINGUISH PROGRAM

### THE CHRYSALIS GROUP

4405 East West Highway • Suite 301 • Bethesda, Maryland 20814 • 301-652-1582 • Fax 301-718-8338

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### OPERATION EXTINGUISH CONTRACT

On \_\_\_\_\_ the following individual, \_\_\_\_\_  
(Date) (Name of Juvenile)

was referred to the Operation Extinguish program through (check one) \_\_\_\_\_ MCPD, \_\_\_\_\_ DJS, \_\_\_\_\_ DFRS,

\_\_\_\_\_ Other, by \_\_\_\_\_  
Name of referring agent (please print) Phone number

As guardian of \_\_\_\_\_, we agree to comply with the following terms of Operation Extinguish.

1. Participate in a Family Interview conducted by The Chrysalis Group. The Chrysalis Group will be contacting you to schedule an appointment. All family members will be expected to attend. The County will pay for your first appointment. If you fail to keep this appointment or do not cancel with 24-hour notice, you will be charged \$160.00 if you wish to reschedule.
2. Based on the interview, The Chrysalis Group will recommend additional components of the program which may consist of counseling, fire safety education, community service, or other services that are deemed necessary for the juvenile.
3. Fire safety education is provided by the Montgomery County Department of Fire and Rescue Services (DFRS) and The Chrysalis Group. The first and final classes are for both the parents and the juvenile.
4. The Chrysalis Group will monitor your progress in the program. For those juveniles referred by the Youth Division, Department of Fire and Rescue Service, or any part of the Juvenile Court System, the juvenile and his/her family must complete all recommended components of our program. The juvenile will then be referred back to the referral source for disposition.

I hereby agree to comply with the provisions of this contract and give permission for the exchange of information between The Chrysalis Group, DFRS, the referring agency, and DJS when appropriate.

\_\_\_\_\_  
Youth

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Parent/Guardian

(H) \_\_\_\_\_ (W) \_\_\_\_\_  
Telephone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Witness - Agency Representative

*This contract is valid upon receipt of approval from the Department of Fire & Rescue Services. For more information on the program and directions to Chrysalis and the Fire Safety Academy, please go to [www.the-chrysalis-group.com](http://www.the-chrysalis-group.com).*

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**William Delaney**  
Program Manager

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Directors